

CLAIMS ONLY							Application Number <i>16179859</i>	Filing Date		
							Applicant(s)			
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep			6							
Total Depend			17							
Total Claims			23							